

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Rosa Mendoza

AD 28

Name (print)

Office (if applicable)

District (if applicable)

2552

N. Crawford

Mailing Address (include city and zip code)

E-Mail Address

3488 E. Pecos Way Las Vegas NV 89121

Telephone No

(702) 526-5656

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

☒ Annual Filing - Due January 15, 2004

Period: January 1, 2003 - December 31, 2003

N/A

☒ Report #1 - Due August 31, 2004

Incumbents in an Office with a 4-year term

Period: Jan. 5, 2001 - Aug 26, 2004

Incumbents in an Office with a 6-year term

Period: Dec. 20, 1998 - Aug 26, 2004

All others

Period: Jan. 1, 2004 - Aug. 26, 2004

Ballot Advocacy Groups (BAGs) only:

Period: Dec. 5, 2002 - Aug 26, 2004

☒ Report #2 Due - October 26, 2004

Period: Aug. 27, 2004 - Oct. 21, 2004

☐ Report #3 Due - January 15, 2005*

Period: Oct. 22, 2004 - Dec. 31, 2004

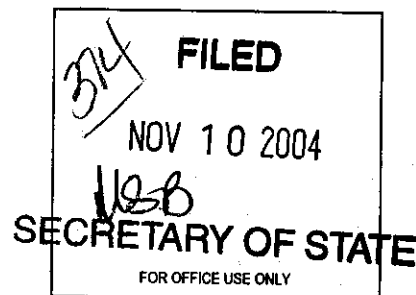
BAGs only:

Period: Oct. 22, 2004 - Dec. 5, 2004

☐ Annual Filing - Due January 15, 2005

Period: January 1, 2004 - December 31, 2004

* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2



CONTRIBUTIONS SUMMARY

- Total Monetary Contributions Received in Excess of \$100
- Total Monetary Contributions Received of \$100 or Less

This Period

Cumulative From Beginning of Report Period #1 through End of This Reporting Period

0

925

58

This Period

Cumulative From Beginning of Report Period #1 Through End of This Reporting Period

- Total Amount of Monetary Contributions Received (Add Lines 1 and 2)
- Total Value of In Kind Contributions Received in Excess of \$100

925

58

EXPENSES SUMMARY

- Total Monetary Expenses Paid in Excess of \$100
- Total Monetary Expenses Paid of \$100 or Less
- Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)
- Total Value of In Kind Expenses in Excess of \$100

734 11

185 91

\$920 02

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Alma Rosa Mendoza

Signature

Date

10-1-04

Office (if applicable)

District (if applicable)

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

Total = \$920.02

PAGE OF

**IN KIND CAMPAIGN
EXPENSES**

Report Period # 2

Alma Rosa Mendoza
Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100

Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

| NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S) | DESCRIPTION OF EACH IN KIND EXPENSE | DATE OF EACH IN KIND EXPENSE | VALUE OR COST OF EACH IN KIND EXPENSE |
|--|--|---------------------------------------|--|
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